

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/562168**

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51		3	/			
2		/		/			52			/			
3		/		/			53			/			
4		2		/			54			/			
5		2		/			55			/			
6	/		/				56			/			
7		/		/			57			/			
8		2		/			58			/			
9		2		/			59			/			
10	/		/				60			/			
11		/		/			61			/			
12		/		/			62			/			
13		2		/			63			/			
14		2		/			64			/			
15		2		/			65			/			
16		2		/			66			/			
17		2		/			67			/			
18		2		/			68			/			
19		2		/			69			/			
20	/		/				70			/			
21		/		/			71			/			
22		/		/			72			/			
23		/		/			73			/			
24		/		/			74			/			
25		/		/			75			/			
26		/		/			76			/			
27		/		/			77			/			
28		/		/			78			/			
29		/		/			79			/			
30		2		/			80						
31	/		/				81						
32		/		/			82						
33		/		/			83						
34		/		/			84						
35		/		/			85						
36		/		/			86						
37		/		/			87						
38		/		/			88						
39		/		/			89						
40		/		/			90						
41		2		/			91						
42		/		/			92						
43		/		/			93						
44	/		/				94						
45		/		/			95						
46		/		/			96						
47		/		/			97						
48		2		/			98						
49		2		/			99						
50		2		/			100						
TOTAL IND.	6	↓	6	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	73	←	73	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	80		79				TOTAL CLAIMS						